U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

PHA Plans
5 Year Plan for Fiscal Years 2000 - 2004
Annual Plan for Fiscal Year 2000

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan**
**Agency Identification**

**PHA Name: Point Pleasant Housing Authority**

**PHA Number: WV017**

**PHA Fiscal Year Beginning: ( 01/2000)**

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

**X** Main administrative office of the PHA
PHA development management offices
**X** PHA local offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

**X** Main administrative office of the PHA
____ PHA development management offices
**X** PHA local offices
____ Main administrative office of the local government
____ Main administrative office of the County government
____ Main administrative office of the State government
____ Public library
____ PHA website
____ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

**X** Main business office of the PHA
____ PHA development management offices
____ Other (list below)

**5-Year Plan**
**PHA Fiscal Years 2000 - 2004**
[24 CFR Part 903.5]

## A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction (select one of the choices below)

**X** The mission of the **PHA** is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

____ The PHA's mission is: (state mission here)

## B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY OBJECTIVES THAT MEAN THE ACHIEVEMENT OF QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR**

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

**X** PHA Goal: Expand the supply of assisted housing

____ Apply for additional rental vouchers:
____ Reduce public housing vacancies:
____ Leverage private or other public funds to create additional housing opportunities:
**X** Acquire or build units or developments
**X** Other (list below) **Produce two units per year using our non-profit Community Excellence Corporation**

_ **X** PHA Goal: Improve the quality of assisted housing Objectives:
__**X** Improve public housing management: (PHAS score)
__**X** Improve voucher management: (SEMAP score)
____ Increase customer satisfaction:
__**X** Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
**X** Renovate or modernize public housing units:
____ Demolish or dispose of obsolete public housing:
____ Provide replacement public housing:
____ Provide replacement vouchers:
____ Other: (list below)

**X** PHA Goal: Increase assisted housing choices
Objectives:
__**X** Provide voucher mobility counseling:
__**X** Conduct outreach efforts to potential voucher landlords
____ Increase voucher payment standards
____ Implement voucher homeownership program:
____ Implement public housing or other homeownership programs:
____ Implement public housing site-based waiting lists:
____ Convert public housing to vouchers:
____ Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

**X** PHA Goal: Provide an improved living environment
Objectives:
**X** ____ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
____ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
**X** Implement public housing security improvements:
____ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
____ Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

____ PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:
____ Increase the number and percentage of employed persons in assisted families:
____ Provide or attract supportive services to improve assistance recipients' employability:
____ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
____ Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

_**X** PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:
**X** Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
**X** Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
**X** Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
____ Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**X PHA Goal: Maintain the Point Pleasant Housing Authority real estate in decent, safe, and attractive condition:**
**X Undertake to maintain an average response time for emergency work-orders to 24 hours:**
**X Maintain an average response of two days on all routine work-orders:**

**Annual PHA Plan**
**PHA Fiscal Year 2000**
[24 CFR Part 903.7]

**Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**____ Standard Plan**

**Streamlined Plan:**

**X High Performing PHA**

**X Small Agency (<250 Public Housing Units)**

**____ Administering Section 8 Only**

**____ Troubled Agency Plan**

**Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

The Point Pleasant Housing Authority PHA prepared this Agency Plan in compliance with the Section 511 of the Quality Housing and Work Responsibility Act of 1998 and ensuing HUD requirements. Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission.

The mission of the Point Pleasant Housing Authority is that of the Department of Housing and Urban Development. In addition, we will utilize the team approach to expeditiously provide this service to all residents and eligible recipients by staff who are motivated to the highest degree. To motivate residents to pay rent in a timely manner and live within the confines of the lease agreement.

To treat clients, residents and employees equally and to maintain equal expectations and opportunities for all clients, residents and employees without regard to race, sex, creed, age, or national origin.

We have adopted the following goals and objectives for the next five years listed on page 1, of the Point Pleasant Housing Authority's Five Year Plan.

The plans, statements, budget summary, policies and etc. , set forth in the Annual Plan all leads towards the accomplishments of our goals and objectives. Here are just a few highlights of our Annual Plan: The Capital Improvements are only for one year. There is not enough time or expertise until we can hire an architect to gather all the data and cost estimates to meet the suspense date. We have been a high performer Housing Authority for four consecutive years and were exempted from completing several sections of the plan.

* Public Housing - We have adopted local preferences - for applicants who live and work in Point Pleasant, for working families (seniors and people with disabilities automatically get this preference), victims of domestic violence, involuntarily displaced, domestic violence, substandard housing, and homeless. Section 8 preferences are involuntarily displaced, domestic violence, substandard housing, and homeless.

* We have adopted an aggressive screening policy for public housing to ensure to the best of our ability that new admissions will be good neighbors. In our Section 8 program, we are screening applicants to the fullest extent allowable while not taking away the ultimate responsibility from the landlord. Our screening practices will meet all fair housing requirements.

* Applicant will be selected from the waiting list by preference and in order of date and time applied except to meet the percentage of very low income.

* We have established a minimum rent of $48 in Public Housing and $0 for the Section 8 Program. We have established flat rents for all of our developments. Also, we are going to utilize the publish FMR's as our payment standards for Section 8 Program.

* In an attempt to encourage work and advancement in the workplace we are not requiring interim re-certifications if a resident or Section 8 participant have an increase in income. It will be reported at the next annual re-certification.

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

**Table of Contents**


| Annual Plan | Page # |
|---|---|
| i. Executive Summary | 1- 2 |
| ii. Table of Contents | 3 |
| 1. Housing Needs | 7 |
| 2. Financial Resources | 12 |
| 3. Policies on Eligibility, Selection and Admissions | 13 |
| 4. Rent Determination Policies | 22 |
| 5. Operations and Management Policies | 26 |
| 6. Grievance Procedures | 28 |
| 7. Capital Improvement Needs | 28 |
| 8. Demolition and Disposition | 30 |
| 9. Designation of Housing | 31 |
| 10. Conversions of Public Housing | 32 |
| 11. Homeownership | 34 |
| 12. Community Service Programs | 36 |
| 13. Crime and Safety | 38 |
| 14. Pets (Inactive for January 1 PHAs) (We have a Pet Policy) | 40 |
| 15. Civil Rights Certifications (included with PHA Plan Certifications) | 41 |
| 16. Audit | 41 |

17. Asset Management 41
18. Other Information Attachments A-E 42

**Attachments**

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

**A** Admissions Policy for Deconcentration
**B** FY 2000 Capital Fund Program Annual Statement

____ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

____ PHA Management Organizational Chart
____ FY 2000 Capital Fund Program 5 Year Action Plan
____ Public Housing Drug Elimination Program (PHDEP) Plan
**C** Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
__**X** Other (List below, providing each attachment name)

**D. PHA Certification**
**E. State of West Virginia Certification**

**Supporting Documents Available for Review**

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

**List of Supporting Documents Available for Review**

| Applicable & On Display | Supporting Document | Applicable Plan Component |
|---|---|---|
| X | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans |
| X | State/Local Government Certification of Consistency with the Consolidated Plan | 5 Year and Annual Plans |
| X | Fair Housing Documentation:<br>Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement. | 5 Year and Annual Plans |
| X | Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan:<br>Housing Needs |

| Applicable & On Display | Supporting Document | Applicable Plan Component |
|---|---|---|
| **X** | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources; |
| **X** | Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP] | Annual Plan: Eligibility, Selection, and Admissions Policies |
| **X** | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |
| **X** | Public Housing Deconcentration and Income Mixing Documentation:<br>PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/*99 Quality Housing and Work Responsibility Act Initial Guidance; Notice* and any further HUD guidance) and<br>18. Documentation of the required deconcentration and income mixing analysis | Annual Plan: Eligibility, Selection, and Admissions Policies |
| **X** | Public housing rent determination policies, including the methodology for setting public housing flat rents<br>**X** Check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| **X** | Schedule of flat rents offered at each public housing development<br>**X** check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| **X** | Section 8 rent determination (payment standard) policies<br>**X** check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination |
| **X** | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation) | Annual Plan: Operations and Maintenance |
| **X** | Public housing grievance procedures<br>**X** check here if included in the public housing A & O Policy | Annual Plan: Grievance Procedures |
| **X** | Section 8 informal review and hearing procedures<br>**X** check here if included in Section 8 Administrative Plan | Annual Plan: Grievance Procedures |

| Applicable & On Display | Supporting Document | Applicable Plan Component |
|---|---|---|
| X | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year | Annual Plan: Capital Needs |
| | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant | Annual Plan: Capital Needs |
| | Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option) | Annual Plan: Capital Needs |
| | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing | Annual Plan: Capital Needs |
| | Approved or submitted applications for demolition and/or disposition of public housing | Annual Plan: Demolition and Disposition |
| | Approved or submitted applications for designation of public housing (Designated Housing Plans) | Annual Plan: Designation of Public Housing |
| | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act | Annual Plan: Conversion of Public Housing |
| | Approved or submitted public housing homeownership programs/plans | Annual Plan: Homeownership |
| | Policies governing any Section 8 Homeownership program<br>check here if included in the Section 8 Administrative Plan | Annual Plan: Homeownership |
| X | Any cooperative agreement between the PHA and the TANF agency | Annual Plan: Community Service & Self-Sufficiency |
| | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: Community Service & Self-Sufficiency |
| | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency |
| | The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan) | Annual Plan: Safety and Crime Prevention |
| X | The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that | Annual Plan: Annual Audit |

| Applicable & On Display | Supporting Document | Applicable Plan Component |
|---|---|---|
| | audit and the PHA's response to any findings | |
| | Troubled PHAs: MOA/Recovery Plan | Troubled PHAs |
| | Other supporting documents (optional)<br>(list individually; use as many lines as necessary) | (specify as needed) |
| | | |

**1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

**A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from

**Housing Needs of Families in the Jurisdiction by Family Type**

| Family Type | Overall | Afford-ability | Supply | Quality | Access-ibility | Size | Loca-tion |
|---|---|---|---|---|---|---|---|
| Income <= 30% of AMI | **39% 3811** | **4** | **4** | **4** | **3** | **3** | **2** |
| Income >30% but <=50% of AMI | **20% 1968** | **3** | **3** | **3** | **3** | **3** | **2** |
| Income >50% but <80% of AMI | **15% 1457** | **2** | **2** | **2** | **2** | **2** | **2** |
| Elderly | | | | | | | |
| Families with Disabilities | **N/A** | | | | | | |
| Race/Ethnicity | **N/A** | | | | | | |
| Race/Ethnicity | **N/A** | | | | | | |
| Race/Ethnicity | **N/A** | | | | | | |
| Race/Ethnicity | **N/A** | | | | | | |

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

____ Consolidated Plan of the Jurisdiction/s
Indicate year: ____
_**X** U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
____ American Housing Survey data
Indicate year: ____
_ **X**__ Other housing market study **Goodwin & Associates, "Market Comparability Study"**
Indicate year: **1996**

____ Other sources: (list and indicate year of information)

**B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists**

State the housing needs of the families on the PHA's waiting list/s**. Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

**Housing Needs of Families on the Waiting List**

Waiting list type: (select one)
____ Section 8 tenant-based assistance **** Section 8 Waiting List - Attachment E**
**X** Public Housing **WV017d01**
____ Combined Section 8 and Public Housing
____ Public Housing Site-Based or sub-jurisdictional waiting list (optional)
If used, identify which development/subjurisdiction:

| | # of families | % of total families | Annual Turnover |
|---|---|---|---|
| Waiting list total | **10** | | **40** |
| Extremely low income <=30%AMI | **9** | **90** | |
| Very low income (>30% but <=50% AMI) | **1** | **10** | |
| Low income (>50% but <80% AMI) | **0** | **0** | |
| Families with children | **7** | **.70** | |
| Elderly families | **1** | **.01** | |
| Families with Disabilities | **1** | **.01** | |
| Race/ethnicity | **0** | **0** | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |

| | | | |
|---|---|---|---|
| Characteristics by Bedroom Size (Public Housing Only) | | | |

| | | | |
|---|---|---|---|
| 1BR | **3** | **.30** | **13** |
| 2 BR | **2** | **.20** | **14** |
| 3 BR | **3** | **.30** | **13** |
| 4 BR | **2** | **.20** | **0** |
| 5 BR | | | |
| 5+ BR | | | |

Is the waiting list closed (select one)? **X** No Yes
If yes:
How long has it been closed (# of months)?
Does the PHA expect to reopen the list in the PHA Plan year? No Yes
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? No Yes

**C. Strategy for Addressing Needs**

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's strategy for addressing this strategy.

**(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply
_**X**__ Employ effective maintenance and management policies to minimize the number of public housing units off-line
_**X**__ Reduce turnover time for vacated public housing units
_**X**__ Reduce time to renovate public housing units
____ Seek replacement of public housing units lost to the inventory through mixed finance development
___ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
_**X**__ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
_**X**__ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
____ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
_**X**__ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
_**X**__ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
____ Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply
_**X**__ Apply for additional section 8 units should they become available
____ Leverage affordable housing resources in the community through the creation of mixed - finance housing
____ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
_**X**__ Other: (list below) **Through the Housing Authority non-profit Community Excellence Corporation home purchase program.**

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply
**_X__** Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
**_X__** Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
____ Employ admissions preferences aimed at families with economic hardships
**_X__** Adopt rent policies to support and encourage work
____ Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply
**_X__** Employ admissions preferences aimed at families who are working
**_X__** Adopt rent policies to support and encourage work
____ Other: (list below)

**B. Need: Specific Family Types: The Elderly**
**Strategy 1: Target available assistance to the elderly:**

Select all that apply
_____ Seek designation of public housing for the elderly
**_X__** Apply for special-purpose vouchers targeted to the elderly, should they become available
**_X__** Other: (list below) **Sixty-four Public Housing units are designated for elderly/disabled.**

**Need: Specific Family Types: Families with Disabilities**
**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply
____ Seek designation of public housing for families with disabilities
____ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
____ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
____ Affirmatively market to local non-profit agencies that assist families with disabilities
**_X__** Other: (list below) **Sixty-four Public Housing units are designated for elderly/disabled.**

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**
**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable
____ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
**_X__** Other: (list below) **They make up less than .01 of the county population.**

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply
____ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
____ Market the section 8 program to owners outside of areas of poverty /minority concentrations

_X__ Other: (list below) **NONE - No poverty/minority concentration. This is a rural area.**

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

_X__ Funding constraints
_X__ Staffing constraints
____ Limited availability of sites for assisted housing
____ Extent to which particular housing needs are met by other organizations in the community
____ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
____ Influence of the housing market on PHA programs
____ Community priorities regarding housing assistance
_X__ Results of consultation with local or state government
_X__ Results of consultation with residents and the Resident Advisory Board
_X__ Results of consultation with advocacy groups
____ Other: (list below)

**Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of

| **Financial Resources: Planned Sources and Uses** | | |
|---|---|---|
| **Sources** | **Planned $** | **Planned Uses** |
| 1. **Federal Grants (FY 2000 grants)** | | |
| a) Public Housing Operating Fund | **166,171** | |
| b) Public Housing Capital Fund | **224,948** | |
| c) HOPE VI Revitalization | **N/A** | |
| d) HOPE VI Demolition | **N/A** | |
| e) Annual Contributions for Section 8 Tenant-Based Assistance | **401,482** | |
| f) Public Housing Drug Elimination Program (including any Technical Assistance funds) | **N/A** | |
| g) Resident Opportunity and Self-Sufficiency Grants | **N/A** | |
| h) Community Development Block Grant | **N/A** | |
| i) HOME | **N/A** | |
| Other Federal Grants (list below) | **N/A** | |
| | | |
| **2. Prior Year Federal Grants (unobligated funds only) (list below)** | | |
| | | |
| | | |

| Sources | Planned $ | Planned Uses |
|---|---|---|
| | | |
| **3. Public Housing Dwelling Rental Income** | **194,130** | |
| | | |
| | | |
| **4. Other income** (list below) | | |
| **INVESTMENTS** | **6,420** | |
| | | |
| **4. Non-federal sources** (list below) | | |
| **Laundry Room** | **7,000** | |
| | | |
| | | |
| **Total resources** | **1,000,151** | |
| | | |
| | | |

**3. PHA Policies Governing Eligibility, Selection, and Admissions**
[24 CFR Part 903.7 9 (c)]

**A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 3A.

**(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)
__**X**_ When families are within a certain number of being offered a unit: (state number)

**2 Months**

____ Other: (describe)
b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
_**X**__ Criminal or Drug-related activity
_**X**__ Rental history
_**X**__ Housekeeping
____ Other (describe)

c. _**X**__Yes ____ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
d. ____ Yes _**X**__No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
e. ____Yes _**X**__ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

**(2)Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
_**X**__ Community-wide list
____ Sub-jurisdictional lists
____ Site-based waiting lists
____ Other (describe)

b. Where may interested persons apply for admission to public housing?
_**X**__ PHA main administrative office
____ PHA development site management office
____ Other (list below)
c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2.____Yes ____No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?
3. ____Yes ____ No: May families be on more than one list simultaneously
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
____ PHA main administrative office
____ All PHA development management offices
____ Management offices at developments with site-based waiting lists
____ At the development to which they would like to apply
____ Other (list below)

**(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
____ One
_**X**__ Two
____ Three or More
b. _**X**__Yes ____ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:
**(4) Admissions Preferences**
a. Income targeting:
**X** ____Yes ____ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)
_**X**__ Emergencies
_**X**__ Overhoused
____ Underhoused
_**X**__ Medical justification
_**X**__ Administrative reasons determined by the PHA (e.g., to permit modernization work)
____ Resident choice: (state circumstances below)
____ Other: (list below)
c. Preferences
**X** 1. ____ Yes ____ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

1. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)
Former Federal preferences:
**X** ____ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
_**X**__ Victims of domestic violence
_**X**__ Substandard housing
_**X**__ Homelessness
____ High rent burden (rent is > 50 percent of income)
Other preferences: (select below)
_**X**__ Working families and those unable to work because of age or disability
____ Veterans and veterans' families
_**X**__ Residents who live and/or work in the jurisdiction
____ Those enrolled currently in educational, training, or upward mobility programs
____ Households that contribute to meeting income goals (broad range of incomes)
____ Households that contribute to meeting income requirements (targeting)
____ Those previously enrolled in educational, training, or upward mobility programs
____ Victims of reprisals or hate crimes
____ Other preference(s) (list below)
3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.
____ Date and Time

Former Federal preferences:
_**1**__ Involuntary Displacement (Disaster, Government Action, Action of Housing ____ Owner, Inaccessibility, Property Disposition)
_ **1**_ Victims of domestic violence
_**1**__ Substandard housing
_**1**__ Homelessness
____ High rent burden
Other preferences (select all that apply)
_**1**__ Working families and those unable to work because of age or disability
____ Veterans and veterans' families
_**2**__ Residents who live and/or work in the jurisdiction

____ Those enrolled currently in educational, training, or upward mobility programs
____ Households that contribute to meeting income goals (broad range of incomes)
____ Households that contribute to meeting income requirements (targeting)
____ Those previously enrolled in educational, training, or upward mobility programs
____ Victims of reprisals or hate crimes
____ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:
____ The PHA applies preferences within income tiers
**_X_** Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)
**_X__** The PHA-resident lease
**_X__** The PHA's Admissions and (Continued) Occupancy policy
**_X__** PHA briefing seminars or written materials
____ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)
**_X__** At an annual reexamination and lease renewal
**_X__** Any time family composition changes
**_X__** At family request for revision
____ Other (list)

**(6) Deconcentration and Income Mixing**

a. **_X__**Yes ____ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?
b. **_X__**Yes ____ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?
c. If the answer to b was yes, what changes were adopted? (select all that apply)
____ Adoption of site-based waiting lists
____ If selected, list targeted developments below:

**_X__** Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
____ Employing new admission preferences at targeted developments
If selected, list targeted developments below:

____ Other (list policies and developments targeted below)

d. **_X__**Yes ____ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)
____ Additional affirmative marketing
____ Actions to improve the marketability of certain developments
____ Adoption or adjustment of ceiling rents for certain developments
_**X**__ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
____ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)
____ Not applicable: results of analysis did not indicate a need for such efforts
_**X**__ List (any applicable) developments below: **Tu-Endie-Wei Manor and Shawnee Homes**

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)
_**X**__ Not applicable: results of analysis did not indicate a need for such efforts
____ List (any applicable) developments below:

**B. Section 8**

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component B.

**Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

**(1) Eligibility**

a. What is the extent of screening conducted by the PHA? (select all that apply)
_**X**__ Criminal or drug-related activity only to the extent required by law or regulation
____ Criminal and drug-related activity, more extensively than required by law or regulation
____ More general screening than criminal and drug-related activity (list factors below)
____ Other (list below)
b. _**X**__ Yes ____ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
c. ____Yes _**X**__ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
d. ____Yes _**X**__ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
_**X**__ Criminal or drug-related activity
_**X**__ Other (describe below) **Previous Landlords**

**(2) Waiting List Organization**

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
_**X**__ None
____ Federal public housing
____ Federal moderate rehabilitation
____ Federal project-based certificate program
____ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
____ PHA main administrative office
_**X**__ Other (list below) **Section 8 Office**

**(3) Search Time**

a. **_X__**Yes ____ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below: **Extended for death or illness in family and for Elderly/Disabled if requested.**

**(4) Admissions Preferences**

a. Income targeting

____Yes **_X__** No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. **_X__**Yes ____ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

**_X__** Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

**_X__** Victims of domestic violence

**_X__** Substandard housing

**_X__** Homelessness

____ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

____ Working families and those unable to work because of age or disability

____ Veterans and veterans' families

____ Residents who live and/or work in your jurisdiction

____ Those enrolled currently in educational, training, or upward mobility programs

____ Households that contribute to meeting income goals (broad range of incomes)

____ Households that contribute to meeting income requirements (targeting)

____ Those previously enrolled in educational, training, or upward mobility programs

____ Victims of reprisals or hate crimes

____ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

____ Date and Time

Former Federal preferences

**_1__** Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

**_1__** Victims of domestic violence

**_1__** Substandard housing

**_1__** Homelessness

____ High rent burden

Other preferences (select all that apply)
____ Working families and those unable to work because of age or disability
____ Veterans and veterans' families
____ Residents who live and/or work in your jurisdiction
____ Those enrolled currently in educational, training, or upward mobility programs
____ Households that contribute to meeting income goals (broad range of incomes)
____ Households that contribute to meeting income requirements (targeting)
____ Those previously enrolled in educational, training, or upward mobility programs
____ Victims of reprisals or hate crimes
____ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)
_**X**__ Date and time of application
____ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)
____ This preference has previously been reviewed and approved by HUD
____ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)
____ The PHA applies preferences within income tiers
_**X**__ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)
_**X**__ The Section 8 Administrative Plan
_**X**__ Briefing sessions and written materials
____ Other (list below)

a. How does the PHA announce the availability of any special-purpose section 8 programs to the public?
_**X**__ Through published notices
____ Other (list below)

**4. PHA Rent Determination Policies**
[24 CFR Part 903.7 9 (d)]
**A. Public Housing**
Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.
**(1) Income Based Rent Policies**
Describe the PHA's income based rent setting policy/ies for public housing using, including

a. Use of discretionary policies: (select one)

_**X**__ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))
---or---

____ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)
____ $0
____ $1-$25
_**X**__ $26-$50

2. ___Yes __**X**_ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below**:**

c.. Rents set at less than 30% than adjusted income

1. ____Yes _**X**__ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)
_**X**__ For the earned income of a previously unemployed household member
_**X**__ For increases in earned income
____ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

____ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

____ For household heads
____ For other family members
____ For transportation expenses
____ For the non-reimbursed medical expenses of non-disabled or non-elderly families
____ Other (describe below)
e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

____ Yes for all developments
____ Yes but only for some developments
_**X**__ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)
____ For all developments
____ For all general occupancy developments (not elderly or disabled or elderly only)
____ For specified general occupancy developments
____ For certain parts of developments; e.g., the high-rise portion
____ For certain size units; e.g., larger bedroom sizes
____ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)
____ Market comparability study
____ Fair market rents (FMR)
____ 95th percentile rents
____ 75 percent of operating costs
____ 100 percent of operating costs for general occupancy (family) developments
____ Operating costs plus debt service
____ The "rental value" of the unit
____ Other (list below)

f. Rent re-determinations:
1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)
____ Never
____ At family option
____ Any time the family experiences an income increase
____ Any time a family experiences an income increase above a threshold amount or

percentage: (if selected, specify threshold)_____
_**X**__ Other (list below) **Immediately on changes in family composition,**
**Immediately on new sources of income.**
g. ____Yes ____ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
_**X**__ The section 8 rent reasonableness study of comparable housing
____ Survey of rents listed in local newspaper
_**X**__ Survey of similar unassisted units in the neighborhood
____ Other (list/describe below)

**B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not

**(1) Payment Standards**

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

____ At or above 90% but below100% of FMR

_**X**__ 100% of FMR

____ Above 100% but at or below 110% of FMR

____ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

____ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area

____ The PHA has chosen to serve additional families by lowering the payment standard

____ Reflects market or submarket

____ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

____ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area

____ Reflects market or submarket

____ To increase housing options for families

____ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

_**X**__ Annually

____ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

_**X**__ Success rates of assisted families

_**X**__ Rent burdens of assisted families

____ Other (list below)

**(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

_**X**__ $0

____ $1-$25

____ $26-$50

b. ____Yes ____ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

**5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

**A. PHA Management Structure**

(Select one)

Describe the PHA's management structure and organization.

____ An organization chart showing the PHA's management structure and organization is attached.

____ A brief description of the management structure and organization of the PHA follows:

**B. HUD Programs Under PHA Management**

_. List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

| Program Name | Units or Families Served at Year Beginning | Expected Turnover |
|---|---|---|
| Public Housing | | |
| Section 8 Vouchers | | |
| Section 8 Certificates | | |
| Section 8 Mod Rehab | | |
| Special Purpose Section 8 Certificates/Vouchers (list individually) | | |
| Public Housing Drug Elimination Program (PHDEP) | | |
| | | |
| | | |
| Other Federal Programs(list individually) | | |
| | | |
| | | |

**C. Management and Maintenance Policies**

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

**6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

**A. Public Housing**

1. ____Yes ____ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)
____ PHA main administrative office
____ PHA development management offices
____ Other (list below)

**B. Section 8 Tenant-Based Assistance**
1. ____Yes ____ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982? If yes, list additions to federal requirements below:
2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)
____ PHA main administrative office
____ Other (list below)

**7. Capital Improvement Needs**
[24 CFR Part 903.7 9 (g)]
Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.
Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to Component 7B. All other PHAs mast complete 7A as instructed.

**A. Capital Fund Activities**

**(1) Capital Fund Program Annual Statement** .
Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template OR, at the PHA's option, by completing and attaching a properly updated HUD-52837.
Select one:
_**X**__ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) **WV017b01**
-or-
____ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

**(2) Optional 5-Year Action Plan**
Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.
a. Yes __**X**__ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)
b. If yes to question a, select one:
____ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name
-or-
____ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

**B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital**

**Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

Yes **X** No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
   - ____ Revitalization Plan under development
   - ____ Revitalization Plan submitted, pending approval
   - ____ Revitalization Plan approved
   - ____ Activities pursuant to an approved Revitalization Plan underway

____Yes _**X**__ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:
___Yes _**X**__ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
If yes, list developments or activities below:

____Yes _**X**__ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:

**8. Demolition and Disposition**
[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

**1. Yes _X_ No:** Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 1 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development**.)**

**2. Activity Description**

**____Yes ____ No: Has the PHA provided the activities description information in the optional** Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)

| **Demolition/Disposition Activity Description** |
|---|
| 1a. Development name:<br>1b. Development (project) number: |

| |
|---|
| 2. Activity type: ____Demolition<br>____ Disposition |
| 3. Application status (select one)<br>____ Approved<br>____ Submitted, pending approval<br>____ Planned application |
| 4. Date application approved, submitted, or planned for submission: (DD/MM/YY) |
| 5. Number of units affected:<br>Coverage of action (select one)<br>____ Part of the development<br>____ Total development |
| 7. Timeline for activity:<br>a. Actual or projected start date of activity:<br>b. Projected end date of activity: |

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

**1. ____Yes _X_ No:** Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the **co** upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

____Yes ____ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 10. If "No", complete the Activity Description table below.

| **Designation of Public Housing Activity Description** |
|---|
| 1a. Development name:<br>1b. Development (project) number: |
| 2. Designation type:<br>____ Occupancy by only the elderly<br>____ Occupancy by families with disabilities<br>____ Occupancy by only elderly families and families with disabilities |
| 3. Application status (select one)<br>____ Approved; included in the PHA's Designation Plan<br>____ Submitted, pending approval<br>____ Planned application |
| 4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY) |

| |
|---|
| 5. If approved, will this designation constitute a (select one)<br>____ New Designation Plan<br>____ Revision of a previously-approved Designation Plan? |
| 1. Number of units affected:<br>7. Coverage of action (select one)<br>____ Part of the development<br>____ Total development |

**10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

**A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1. ____Yes **_X__** No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

____Yes ____ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

| **Conversion of Public Housing Activity Description** |
|---|
| 1a. Development name:<br>1b. Development (project) number: |
| 2. What is the status of the required assessment?<br>____ Assessment underway<br>____ Assessment results submitted to HUD<br>____ Assessment results approved by HUD (if marked, proceed to next question)<br>____ Other (explain below) |
| 3. ____Yes ____ No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.) |
| 4. Status of Conversion Plan (select the statement that best describes the current status)<br>____ Conversion Plan in development<br>____ Conversion Plan submitted to HUD on: (DD/MM/YYYY)<br>____ Conversion Plan approved by HUD on: (DD/MM/YYYY)<br>____ Activities pursuant to HUD-approved Conversion Plan underway |
| 5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)<br>____ Units addressed in a pending or approved demolition application (date submitted or approved:<br>____ Units addressed in a pending or approved HOPE VI demolition application (date |

submitted or approved: )
____ Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: )
____ Requirements no longer applicable: vacancy rates are less than 10 percent
____ Requirements no longer applicable: site now has less than 300 units
____ Other: (describe below)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

**11. Homeownership Programs Administered by the PHA**
[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. __Yes __**X**_ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description
____Yes ____ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.)

| Public Housing Homeownership Activity Description<br>(Complete one for each development affected) |
|---|
| 1a. Development name:<br>1b. Development (project) number: |
| 2. Federal Program authority:<br>____ HOPE I<br>____ 5(h)<br>____ Turnkey III<br>____ Section 32 of the USHA of 1937 (effective 10/1/99) |
| 3. Application status: (select one)<br>____ Approved; included in the PHA's Homeownership Plan/Program<br>____ Submitted, pending approval<br>____ Planned application |
| 4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY) |
| 5. Number of units affected:<br>6. Coverage of action: (select one)<br>____ Part of the development<br>____ Total development |

**B. Section 8 Tenant Based Assistance**

1. ____Yes **_X__** No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program
____Yes ____ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)
____ 25 or fewer participants
____ 26 - 50 participants
____ 51 to 100 participants
____ more than 100 participants

b. PHA-established eligibility criteria
____Yes ____No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria below:

**12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

**A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

____Yes ____ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

____ Client referrals
____ Information sharing regarding mutual clients (for rent determinations and otherwise)
____ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
____ Jointly administer programs
____ Partner to administer a HUD Welfare-to-Work voucher program
____ Joint administration of other demonstration program
____ Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

____ Public housing rent determination policies
____ Public housing admissions policies
____ Section 8 admissions policies
____ Preference in admission to section 8 for certain public housing families
____ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
____ Preference/eligibility for public housing homeownership option participation
____ Preference/eligibility for section 8 homeownership option participation
____ Other policies (list below)

b. Economic and Social self-sufficiency programs

____Yes ____ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

| **Services and Programs** | | | | |
|---|---|---|---|---|
| Program Name & Description | Estimate | Allocation | Access | Eligibility |

| (including location, if appropriate) | d Size | Method (waiting list/random selection/specific criteria/other) | (development office / PHA main office / other provider name) | (public housing or section 8 participants or both) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**(2) Family Self Sufficiency program/s**

a. Participation Description

| Family Self Sufficiency (FSS) Participation | | |
|---|---|---|
| Program | Required Number of Participants (start of FY 2000 Estimate) | Actual Number of Participants (As of: DD/MM/YY) |
| Public Housing | | |
| Section 8 | | |

b. ____Yes ____ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
____ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
____ Informing residents of new policy on admission and reexamination
____ Actively notifying residents of new policy at times in addition to admission and reexamination.
____ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
____ Establishing a protocol for exchange of information with all appropriate TANF agencies
____ Other: (list below)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

## 13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

**A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

____ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
____ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
____ Residents fearful for their safety and/or the safety of their children
____ Observed lower-level crime, vandalism and/or graffiti
____ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
____ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

____ Safety and security survey of residents
____ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
____ Analysis of cost trends over time for repair of vandalism and removal of graffiti
____ Resident reports
____ PHA employee reports
____ Police reports
____ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
____ Other (describe below)

3. Which developments are most affected? (list below)

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

____ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
____ Crime Prevention Through Environmental Design
____ Activities targeted to at-risk youth, adults, or seniors
____ Volunteer Resident Patrol/Block Watchers Program
____ Other (describe below)

2. Which developments are most affected? (list below)

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

____ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
____ Police provide crime data to housing authority staff for analysis and action

____ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
____ Police regularly testify in and otherwise support eviction cases
____ Police regularly meet with the PHA management and residents
____ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
Other activities (list below)

2. Which developments are most affected? (list below)

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

**____Yes ____ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?**
**____Yes ____ No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?**
**____Yes ____ No: This PHDEP Plan is an Attachment. (Attachment Filename:__)**

**[24 CFR Part 903.7 9 (m)]**

**14. RESERVED FOR PET POLICY**

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]
Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

**16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]
1. _**X**__Yes ____ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))? (If no, skip to component 17.)
2. _**X**_ Yes ____ No: Was the most recent fiscal audit submitted to HUD?
3. ____Yes _**X** _ No: Were there any findings as the result of that audit?
4. ____Yes ____ No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain?____
5. ____Yes ____ No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

**17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and standard PHAs are not required to complete this component.

1. Yes ___ No: Is the PHA engaging in activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)
____ Not applicable
____ Private management
____ Development-based accounting
____ Comprehensive stock assessment
____ Other: (list below)

3. ____Yes ____ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## 18. Other Information

[24 CFR Part 903.7 9 (r)]

### A. Resident Advisory Board Recommendations

1. _**X**__Yes ____ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
_**X**__ Attached at Attachment (File name) **Attachment C - WV017c01**
____ Provided below:

3. In what manner did the PHA address those comments? (select all that apply)
____ Considered comments, but determined that no changes to the PHA Plan were necessary.
____ The PHA changed portions of the PHA Plan in response to comments
____ List changes below:

____ Other: (list below)

### B. Description of Election process for Residents on the PHA Board

1. ____Yes _**X**__ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. ____Yes _**X**__ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.) **Appointed by mayor. Next board member term expires 2001.**

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)
____ Candidates were nominated by resident and assisted family organizations
____ Candidates could be nominated by any adult recipient of PHA assistance
____ Self-nomination: Candidates registered with the PHA and requested a place on ballot
____ Other: (describe)
b. Eligible candidates: (select one)
____ Any recipient of PHA assistance

____ Any head of household receiving PHA assistance
____ Any adult recipient of PHA assistance
____ Any adult member of a resident or assisted family organization
____ Other (list)

c. Eligible voters: (select all that apply)
____ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
____ Representatives of all PHA resident and assisted family organizations
____ Other (list)

**C. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) **State of West Virginia**

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

____ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
**_X__** The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
**_X__** The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
____ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
**_X__** Other: (list below) **No needs assessment in current state consolidated plan.**
**Needs Assessment taken from 1990 census and 1996 Goodwin & Associates "Market Comparability Study".**

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

## Attachments

Use this section to provide any additional attachments referenced in the Plans.

**Attachment A - WV017a01**

**Attachment B - WV017b01**
**WV017b02**
**WV017b03**

**Attachment C- WV017c01**

**Attachment D - WV017d01**

### *10.4 DECONCENTRATION POLICY*

It is Pt. Pleasant Housing Authority's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. Toward this end, we will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and non-discriminating manner.

The Pt. Pleasant Housing Authority will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments, the income levels of census tracts in which our developments are located, and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of marketing strategises and deconcentration incentives to implement. The worksheet for the

analysis can be found in **Appendix 1.**

**Appendix 1**

**Income Limits and Deconcentration Worksheet**

| Development Name | Number of Units Under ACC | Number of Occupied Units | Number of Units Occupied by Very Poor Families | %Occupied by Very Poor Families |
|---|---|---|---|---|

**% Very Poor in**
**Census Tract**
**Target Number**
**Number Needed of below 30% of median area income**
**Number Needed above 30% of median area income**
**Waiting List number of Families Appendix 2**

**Attachment A**
**EXTRACTED FROM ACOP** **WV017a01**

**Annual Statement**
**Capital Fund Program (CFP) Part I: Summary**

| Line No. | Summary by Development Account | Total Estimated Cost |
|---|---|---|
| 1 | Total Non-CGP Funds | |
| 2 | 1406 Operation | 24000 |
| 3 | 1408 Management Improvements | |
| 4 | 1410 Administration | 15000 |
| 5 | 1411 Audit | |
| 6 | 1415 Liquidated Damages | |
| 7 | 1430 Fees and Costs | 19000 |
| 8 | 1440 Site Acquisition | |
| 9 | 1450 Site Improvement | |
| 10 | 1460 Dwelling Structures | 185457 |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | |
| 12 | 1470 Nondwelling Structures | |
| 13 | 1475 Nondwelling Equipment | 1250 |
| 14 | 1485 Demolition | |
| 15 | 1490 Replacement Reserve | |
| 16 | 1492 Moving to Work Demonstration | |
| 17 | 1495.1 Relocation Costs | |
| 18 | 1498 Mod Used for Development | |
| 19 | 1502 Contingency | |
| 20 | **Amount of Annual Grant (Sum of lines 2-19)** | 244948 |
| 21 | Amount of line 20 Related to LBP Activities | |
| 22 | Amount of line 20 Related to Section 504 Compliance | |
| 23 | Amount of line 20 Related to Security | |
| 24 | Amount of line 20 Related to Energy Conservation Measures | |

**Attachment B**
**WV017b01**

**Annual Statement**
**Capital Fund Program (CFP) Part II: Supporting Table**

| Development Number/Name HA-Wide Activities | General Description of Major Work Categories | Development Account Number | Total Estimated |
|---|---|---|---|
| HA-WIDE | CAPITAL TO OPERATIONS | 1406 | 24000 |

| | | | |
|---|---|---|---|
| HA-WIDE | PARTIAL SALARY FOR PART-TIME EMPLOYEE/ADMINISTRATOR | 1410 | 15000 |
| HA-WIDE | LEGAL FEES | 1430 | 1500 |
| HA-WIDE | ADVERTISEMENT | 1430 | 500 |
| 17-1. 17-3 | ARCHITECT/CONSULTANT FOR KITCHEN CABINETS. BATH & TUB SURROUNDS. ROOF AND ESTIMATES FOR 17-1.2 & 3 NEXT FIVE YEARS | 1430 | 17241 |
| 17-3 | KITCHEN CABINETS | 1460 | 22643 |
| 17-3 | REPLACE TUBS & SURROUNDS | 1460 | 21432 |
| 17-3 | REPLACE REMAINING A/C UNITS | 1460 | 37200 |
| 17-1 | REPLACE ROOFS | 1460 | 85132 |
| 17-1 | HEATING IN MAINTENANCE SHOP | 1470 | 19050 |
| HA-WIDE | SNOW BLOWER | 1475 | 1250 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Attachment B**
**WV017b02**

**Annual Statement**
**Capital Fund Program (CFP) Part III: Implementation Schedule**

| Development Number/Name HA-Wide Activities | All Funds Obligated (Quarter Ending Date) | All Funds Expended (Quarter Ending Date) |
|---|---|---|
| HA-WIDE | 01/00 | 04/02 |
| HA-WIDE | 01/00 | 04/02 |
| HA-WIDE | 01/00 | 04/02 |
| HA-WIDE | 01/00 | 04/02 |
| 17-1 & 3 | 02/00 | 04/02 |
| 17-3 | 02/00 | 04/02 |
| 17-3 | 02/00 | 04/02 |
| 17-3 | 02/00 | 04/02 |
| 17-3 | 02/00 | 04/02 |
| 17-1 | 02/00 | 04/02 |
| 17-1 | 02/00 | 04/02 |
| HA-WIDE | 01/00 | 04/02 |

**Attachment B**
**WV017b03**

**ADVISORY BOARD COMMENTS**

**1. Instead of replacing bathtubs can you have them refinised? The refinishing cost is greater than replacing with new tubs and surround units.**

**2. How can you find out if there are elderly people in the country that would be willing to relocate to in -town housing? We know there are elderly that would like to relocate and we advertise in the paper and through organizations that work with the elderly. We maintain a full lease-up of our elderly/handicap units.**

**3. Is it possible to get volunteers to help in maintaining the complex? Yes, we have used volunteers in the past and have a standing request with the high school and Department of Health and Human Services.**

**4. What is the "One Strike" Policy? The "One Strike" policy allows us to terminate assistance to any family member who is involved with drugs or commits a felony.**

**5. Other comments, "We have read all or portions of your plans and feel everything is in order".**

**Attachment C - WV107c01**

**Housing Needs of Families on the Waiting List**

**X Section 8 tenant-based Assistance** **Attachment D -WV017d01**

| | # of Families | % of total Familes | Annual |
|---|---|---|---|
| Turnover | | | |
| Waiting List Total | 25 | 100 | 24 |
| Extremely low-income | | | |
| <=30% AMI | 17 | .68 | |
| Very low-income | | | |
| (>30% but <=50% AMI) | 5 | .20 | |
| Low Income | | | |
| (>50% but <80% AMI) | 3 | .12 | |

| | | |
|---|---|---|
| **Families with children** | **19** | **.76** |
| **Elderly Families** | **1** | **.04** |
| **Families with Disabilities** | **5** | **.20** |
| **Race/Ethnicity** | **1** | **.04** |
| **Race/Ethnicity** | | |
| **Race/Ethnicity** | | |
| **Race/Ethnicity** | | |

**Characteristics by Bedroom Size**
**(Public Housing Only)**

**Is the waiting list closed (select one)? No X Yes**
**If yes:**
**How long has it been closed (# of months)? 12 months**
**Does the PHA/SECTION 8 expect to reopen the list in the PHA Plan year? NO X Yes**
**Does the PHA permit specific categories of families onto the waiting list, even if generally closed? X No Yes**

**Optional Table for 5-Year Action Plan for Capital Fund (Component 7)**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| **Optional 5-Year Action Plan Tables** | | | |
|---|---|---|---|
| **Development Number** | **Development Name (or indicate PHA wide)** | **Number Vacant Units** | **% Vacancies in Development** |
| | | | |

| **Description of Needed Physical Improvements or Management Improvements** | **Estimated Cost** | **Planned Date (HA Fisc** |
|---|---|---|
| | | |

| | | |
|---|---|---|
| | | |
| **Total estimated cost over next 5 years** | | |

**Optional Public Housing Asset Management Table**

See Technical Guidance for instructions on the use of this table, including information to be provided.

| Public Housing Asset Management | | | | | | |
|---|---|---|---|---|---|---|
| **nent ation** | **Activity Description** | | | | | |
| umber nd ype of nits | Capital Fund Program Parts II and III *Component 7a* | Development Activities *Component 7b* | Demolition / disposition *Component 8* | Designated housing *Compone nt 9* | Conversion *Componen t 10* | Home-owners p *Compo ent 11a* |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |